

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6361</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kathryn</u> <u>V</u> <u>Lamkey</u> P.O. Box, Bldg., Room No., if any <u>Suite 1500</u> Street <u>125 South Clark ST</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60603-4037</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>165 West 46th ST</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036-2500</u>
5. Position in labor organization. <u>Asst. National Executive Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Broadway in Chicago</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>Suite 700</u> Street <u>22 W Monroe</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60603</u>	7.a. Nature of Interest, Transaction, or Income. <u>2/26/04 - Theatre Ticket - The Graduate</u> <u>See also Attachment "A"</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kathryn V Lamkey</u>	On <u>8/8/04</u> Date	<u>312-641-0393</u> Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Equity League Health Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 165 West 46th ST</p> <p>City New York</p> <p>State New York ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>As a Deputy Trustee on the Equity League Health Trust Fund, a membership in the International Foundation of Employer Benefits is provided. Such membership includes the receipt of periodicals and information regarding seminars and study opportunities.</p> <p>11.b. Approximate dollar value of such dealing. \$27</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NA</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Chicago Shakespeare Theatre Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 800 Grand Avenue City Chicago State Illinois ZIP Code + 4 60611	7.a. Nature of Interest, Transaction, or Income. 2/4/04 - Theatre Ticket - The Moliere Comedies 9/10/04 - Theatre Ticket - The Merry Wives of Windsor 9/18/04 - Theatre Ticket - Rose Rage 11/28/04 - Theatre Ticket - Playboy of the Western World See also Attachment "A" 7.b. Amount. <div align="right">\$0</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Court Theatre Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5535 S Ellis City Chicago State Illinois ZIP Code + 4 60637	7.a. Nature of Interest, Transaction, or Income. 10/2/04 - Theatre Ticket - Who's Afraid of Virginia Wolf See also Attachment "A" 7.b. Amount. <div align="right">\$0</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Drury Lane Oakbrook Theatre Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 100 Drury Lane City Oakbrook Terrace State Illinois ZIP Code + 4 60181	7.a. Nature of Interest, Transaction, or Income. 3/17/04 - Theatre Ticket - Lucky Stiff 10/13/04 - Theatre Ticket - Of Thee I Sing See also Attachment "A" 7.b. Amount. <div align="right">\$0</div>

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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Chicago Theatre Group

Trade Name, if any: Goodman Theatre

P.O. Box, Bldg., Room No., if any

Street 170 N Dearborn

City Chicago

State Illinois

ZIP Code + 4 60603

7.a. Nature of Interest, Transaction, or Income.

1/20/04 - Theatre Ticket - Light in the Piazza
3/15/04 - Theatre Ticket - Crowns
5/11/04 - Heartbreak House

See also Attachment "A"

7.b. Amount.

\$0

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Northlight Theatre

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9501 Skokie Boulevard

City Skokie

State Illinois

ZIP Code + 4 60076-1314

7.a. Nature of Interest, Transaction, or Income.

12/11/04 - Theatre Ticket - The Immigrant

See Attachment "A"

7.b. Amount.

\$0

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Steppenwolf Theatre Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 4th Floor

Street 758 W North Avenue

City Chicago

State Illinois

ZIP Code + 4 60614-1047

7.a. Nature of Interest, Transaction, or Income.

12/15/04 - Theatre Ticket - One Arm

See also Attachment "A"

7.b. Amount.

\$0

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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Victory Gardens Theatre Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2257 N Lincoln Avenue City Chicago State Illinois ZIP Code + 4 60614-3717	7.a. Nature of Interest, Transaction, or Income. 9/20/04 - Theatre Ticket - The Family Gold See also Attachment "A" <hr/> 7.b. Amount. <div align="right">\$0</div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Writer's Theatre, Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 376 Park Avenue City Glencoe State Illinois ZIP Code + 4 60022-1553	7.a. Nature of Interest, Transaction, or Income. See Attachment "A" <hr/> 7.b. Amount. <div align="right">\$0</div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name TOC Productions Trade Name, if any: Menopause: The Musical P.O. Box, Bldg., Room No., if any Street 22 S New York Avenue City Winter Haven State Florida ZIP Code + 4 32789-4265	7.a. Nature of Interest, Transaction, or Income. 11/14/04 - Theatre Ticket - Menopause: The Musical See also Attachment "A" <hr/> 7.b. Amount. <div align="right">\$0</div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Ensemble Theatre of Cincinnati Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1127 Vine ST City Cincinnati State Ohio ZIP Code + 4 45210-1926	7.a. Nature of Interest, Transaction, or Income. 1/30/04 - Theatre Ticket - A Lesson Before Dying See also Attachment "A" 7.b. Amount. <div align="right">\$0</div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Actor's Theatre of Louisville Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 316-320 W Main Street City Louisville State Kentucky ZIP Code + 4 40202-2916	7.a. Nature of Interest, Transaction, or Income. 1/29/04 - Theatre Ticket - All My Sons See also Attachment "A" 7.b. Amount. <div align="right">\$0</div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Stage One: Louisville Children's Theatre Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 W Main Street City Louisville State Kentucky ZIP Code + 4 40202-3301	7.a. Nature of Interest, Transaction, or Income. 1/29/04 - Theatre Ticket - Most Valuable Player See also Attachment "A" 7.b. Amount. <div align="right">\$0</div>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Cincinnati Playhouse in the Park

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 22 S New York Avenue

City Winter Haven

State Florida

ZIP Code + 4 32789-4265

7.a. Nature of Interest, Transaction, or Income.

1/30/04 - Theatre Ticket - Going Gone

See also Attachment "A"

7.b. Amount.

\$0

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Guthrie Theatre Foundation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 725 Vineland Place

City Minneapolis

State Minnesota

ZIP Code + 4 55403-1139

7.a. Nature of Interest, Transaction, or Income.

9/17/04 - Theatre Ticket - Death of a Salesman

See also Attachment "A"

7.b. Amount.

\$0

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Old Log Theatre

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street P.O. Box 250

City Excelsior

State

ZIP Code + 4 55331-0250

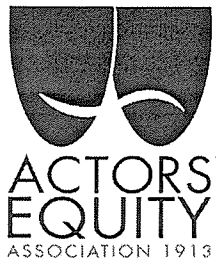
7.a. Nature of Interest, Transaction, or Income.

9/18/04 - Theatre Ticket - Tom, Dick and Harry

See also Attachment "A"

7.b. Amount.

\$0



Form LM-30

Attachment "A"

Kathryn V. Lamkey

Assistant National Executive Director/Central Regional Director

Actors' Equity Association/ 006-029

Additional Explanation of Part "A" entries:

As Central Regional Director, I am required to attend theatre performances as part of my job assignment. Each Producer provides these tickets as required under the collective bargaining agreement (access to the work site is mandated). My attendance is for the purpose of member relations, contract enforcement, negotiation preparations, determination of claims, and general contact with the membership in the course of doing their work.

The tickets I receive bear the value of \$0 and are extended to me in order to complete my work. They are non-transferable. Often my attendance is on "Opening Night" when all tickets for the performance are complimentary to the industry as a whole. These tickets are not provided to me for their "entertainment" value and therefore I feel the "face" value of tickets purchased by the general public does not apply. However since there is no ruling by the DOL regarding this matter, I am reporting my receipt of tickets. I do not consider the receipt of these tickets to be the receipt of a "thing of value" in the sense of the regulation.

Kathryn V. Lamkey